

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
4						
5						
6						
7						
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15						
16						
17						
18						
19						
20						
21	1					
22		/				
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24		/				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	19					
TOTAL CLAIMS	20					

	AD FILED		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP
51						
52						
53						
54						
55						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						